

Project Information

PROJECT NAME: __

Well/Pump

BUILDING PROJECT SUBCONTRACTOR LIST

_____ PERMIT NUMBER: ____

THIS FORM MUST BE COMPLETELY FILLED OUT AND RETURNED TO THE REVENUE DIVISION AT LEAST 15 DAYS AFTER ISSUANCE OF THE BUILDING PERMIT. ANY CHANGES OR ADDITIONS MUST BE SUBMITTED TO THE REVENUE DIVISION WITHIN 24 HOURS. A FINAL COMPLETE SUBCONTRACTOR LIST MUST BE SUBMITTED TO THE REVENUE DIVISION AND APPROVED BEFORE A CERTIFICATE OF OCCUPANCY WILL BE ISSUED.

| GENERAL CONTRACTOR | ₹: | | |
|-------------------------|---------------|----------------|------------------------|
| PROJECT LOCATION: | | | |
| | | | Revenue Staff Use Only |
| Type of Work | Business Name | Business Phone | Business License # |
| AC/ Heating | | | |
| Alarm System | | | |
| Architect/Draftsman | | | |
| Awning/Blinds | | | |
| Cabinets/Bookcases | | | |
| Carpenter/Framing | | | |
| Carpenter/Trim | | | |
| Ceiling/Acoustical | | | |
| Clean-up | | | |
| Concrete/Bituminous | | | |
| Electrical Work | | | |
| Elevators/Shafts | | | |
| Exterminator | | | |
| Fencing | | | |
| Flooring | | | |
| Glass/Glazing | | | |
| Grading/Excavating | | | |
| Insulation | | | |
| Landscape/Grass | | | |
| Masonry/Brick/Block | | | |
| Material Supp. Del. | | | |
| Metal Walls/Panels | | | |
| Painting/Int. Decorator | | | |
| Plumbing/Gas | | | |
| Precast/Roof Decks | | | |
| Road/Street/Driveway | | | |
| Roofing/Siding | | | |
| Septic Tank | | | |
| Sheet Metal | | | |
| Sheet Rock/Finishing | | | |
| Pier Setting | | | |
| Sprinkler System | | | |
| Steel Pacing/Erection | | | |
| Swimming Pool/etc. | | | |
| Tile | | | |
| Wallpaper | | | |